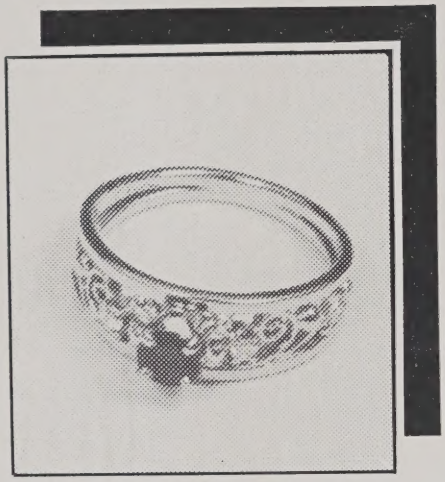
THE HAMPDEN HIPPOCRAT
1414 STATE STREET
SPRINGFIELD, MA 01109

BULK RATE
U.S. POSTAGE
PAID
SPRINGFIELD, MA
PERMIT NO. 369

ADDRESS CORRECTION REQUESTED

From Ruby to Sapphire Only the Best Silverscape Designs



Brilliance by Virtue

A work of art designed by David Virtue

14 K Filigree Ruby and diamond ring $450

Award Winning Elegance

by Jean-Francois Albert

UNCOMMON MAGNIFICENCE

1.88 carat Gem Ceylon Sapphire and .53 carat total weight diamond $7,165

silverscape designs

IDEAL CUT DIAMOND JEWELER

264 N. Pleasant Street, Amherst 253-3324
3 Pleasant Street, Northampton 584-3324

GOLDSMITHS • GEM GALLERY

Carol L. Nystrom
Executive Secretary

Patricia A. O'Neil
Office Secretary

OFFICERS

Gregory A. Slachta, *President*
J. Gordon Rich, *Vice President-President-Elect*
William W. Walthall, Jr., *Secretary*
John R.S. Remsberg, *Treasurer*

EXECUTIVE COMMITTEE

Gregory A. Slachta	Ex-officio	Charles W. Cahill
William W. Walthall, Jr.	Ex-officio	Augusto G. Asinas
John R.S. Remsberg	Ex-officio	John J. Papale
Philip B. Stoddard	Ex-officio	Mark J. Mullan
Alfred Hutt	1987	Bruce B. Stoler
Alicia M. Ross	1988	Nicholas P.W. Coe
Nancy L. Weiss	1989	John J. Zadworny

CHAIRPERSON OF COMMITTEES

Kenneth M. Frankel	*Mediation*
William J. Baker	*Publications*
Nicholas P.W. Coe	*Publications*
Terry D. Ryan	*Publications*
John J. Papale	*Public Relations*
Mark J. Mullan	*Legislative*
Peter P. Lynch	*Auxiliary*
Lorne C. Smith	*Insurance*
Lester Frank	*Medico-Legal Affairs*
Harrison D. Willcutts	*Academy-Education & Library*
Bruce B. Stoler	*By-laws*
James G. Fitzpatrick	*Medico-Religious Affairs*
Paul T. Moore	*Auditing*
Aaron M. Leavitt	*Impaired Physician*
Walter F. Tauber	*Tax Supported Medical Care*
Nabil I. Fanous	*Nominating*
William B. Coen	*Scholarship*
James F.X. Egan	*Public Health*

COUNCILORS

Augusto G. Asinas
William J. Baker
John J. Bandeian
Charles W. Cahill
Robert V. Chircop
Nicholas P.W. Coe
Robert L. Goodman
Robert J. Kasper
Lewis G. Lefer
Lawrence N. Metz
Paul T. Moore
Mark J. Mullan
Franco Navazio
Terrence M. O'Neill
John J. Papale
Thomas F. Race
Carl E. Reiner
D. Sean Restall
George E. Reynolds
Terry D. Ryan
Joseph H. Sklar
Philip B. Stoddard
Walter F. Tauber
Daniel Teres
Murray Watnick
Charles F. White

John C. Ayres	Ex-officio	Allen S. Johnson
Gardner Cox, II	Ex-officio	Gregory A. Slachta
William W. Walthall, Jr.	Ex-officio	James J. Siragusa, Jr. President-Elect, Mass. Medical Society

THE HAMPDEN HIPPOCRAT

VOLUME XXXXIII NO. 2
FEBRUARY—MARCH 1987

1414 STATE STREET
SPRINGFIELD, MASSACHUSETTS 01109
Telephone: 736-0661

THE HAMPDEN HIPPOCRAT is published
by The Hampden District Medical Society
Springfield, MA

Acceptance of advertising in the HIPPOCRAT
Does not imply endorsement

Opinions expressed by authors are their own and not necessarily those of the Hampden District Medical Society.

Dine in
Relaxed Elegance

Always a different and delicious menu to enjoy in pleasant comfort. Serving daily from eleven-thirty AM to midnight.

THE LOG CABIN
Easthampton Road, Route 141
HOLYOKE
536-7700

PENSION ASSOCIATES INC.
1234 Main Street
Springfield, Mass. 01103
781-1261

CONSULTATION
AND
ADMINISTRATION
FOR ALL TYPES OF
EMPLOYEE
BENEFIT PLANS
and
EXECUTIVE
COMPENSATION
PLANS

William R. Massida
Robert A. Walker
Richard A. Labine

$.....

THE BOTTOM LINE
IS GETTING PAID!

PAID FOR YOUR SERVICES • PRODUCTS

WE ENHANCE BOTTOM LINES
through professional
COLLECTION SERVICES

ETHICAL • EXPERIENCED • EFFICIENT
BONDED

for further information
785-5800

HART ADJUSTMENT BUREAU
1355 LIBERTY ST., SPFLD., MA 01104

THE HAMPDEN HIPPOCRAT

CONTENTS

FEBRUARY—MARCH 1987

VOLUME XXXXIII NO. 2

The official bulletin for The Hampden District of the Massachusetts Medical Society. Founded in 1942 by Edward P. Bagg, Jr., M.D., and William A.R. Chapin, M.D.

PAST EDITORS

Max Millman, M.D.
John C. Ayres, M.D.
Walton E. Stevens, M.D.
Vivian M. Purdy

CONTRIBUTING EDITORS

Martin I. Broder, M.D.
Garry deN. Hough, III, M.D.
David W. Page, M.D.

PUBLICATIONS COMMITTEE

William J. Baker, M.D.
Nicholas P. W. Coe, M.D.
Terry D. Ryan, M.D.

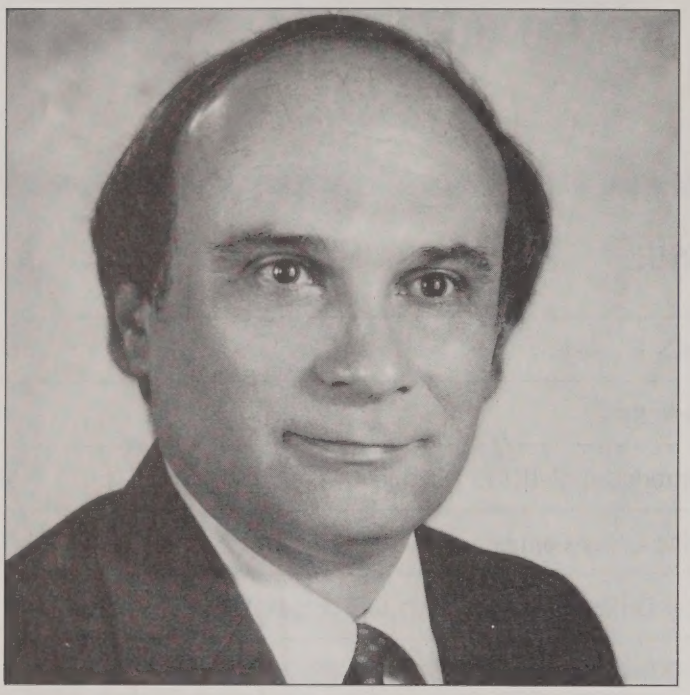
IN THIS ISSUE

HDMS President's Message	6
The Salem Syndrome	8
New Portrait Introduced at HDMS Meeting	9
Pride In Medicine Essay Contest	10
Baystate Medical Center Office Building To Open In 1987	12
New Physician Office Building At Mercy Hospital	14
Pension Plan Management	16
Dr. Rogers Returns	18
Long-Term Care: A Problem Comes of Age	20
Notes & Quotes of Interest	21

THE HAMPDEN HIPPOCRAT is published bi monthly.
The opinions expressed in this bulletin are those of the writers and do not reflect the official viewpoint of the Hampden District Medical Society unless so stated.
All communications should be addressed to Carol L. Nystrom, Hampden District Medical Society, 1414 State St., Springfield, Mass. 01109: Telephone: 736-0661.
To be assured of uninterrupted delivery of THE HAMPDEN HIPPOCRAT, notify us in advance of an address change and include your zip code number.

HDMS President's Message

The Tail That Wags The Dog



Gregory A. Slachta, M.D., President

It should be no surprise that the Blue Shield crisis occurred in Springfield. After all, western Massachusetts is not eastern Massachusetts. We historically do not share the same values as our eastern brethern who show up here often only on the campaign trail (They often feel it is their touch with frontier days). Springfield was founded 350 years ago on the banks of the Connecticut and has been fiercely independent since it's beginning. Primarily agrarian, the yeoman farmer toiled hard and had a sense of belonging to the land. The eastern half of the state developed into a merchant center and maintaind the power and wealth. Liberal versus conservative; creditor versus debtor; learned versus illiterate; sophisticated versus countrified; perceptions that have left a major division between the two parts of the Commonwealth.

It is a small wonder that Springfield, where physicians steeped in the principles of hard work and longstanding relationships with their patients, has become the battleground for the arrogant, eastern run medical service corporation known as Blue Shield. Wasn't it, after all, Hampden that Initiated the suit against Blue Shield and the balance billing restriction? No, it wasn't avarice or greed that prompted Springfield physicians to be leaders against those who would infringe upon our liberties. It was principle. It is the same eastern establishment that now chooses to politicalize the Attorney General's office in issuing Civil Investigatory Demands to the Ophthmologists to discover anti-trust violations in Medicaid participation. A grievious, expensive, mischievous misuse of the citizen's funds, it is nonetheless, consistent with the eastern establishment's disregard for the continued destablizing effect on access to care. As physicians leave from the west and new generalists and specialists entering are as scarce as hen's teeth, it is the west that will suffer and not the east. The politicians will go home to their Bostonian bedroom communities, have a martini and watch the 6 o'clock news to see how the Sox did. Grandma and Aunt Elizabeth will wait five weeks to see a doctor or obtain supplemental income payments out here.

Now lest you feel I believe that western Massachusetts physicians have a monopoly on the pursuit of liberty, remember that we are celebrating the 200th Anniversary of Shays' Rebellion. Springfield, then as now found itself at the crossroads of great events. Western Massachusetts farmer, falling into debt had their farms foreclosed and were imprisoned. These hardy souls who had recently fought for their independence were not about to let other Americans take away their property or liberty. Daniel Shays, a former revolutionary

continued

ORIENTAL RUGS
We buy and sell Oriental Rugs
ANTIQUE and SEMI-ANTIQUE RUGS
MARKARIAN & MARKARIAN
EST. 1895
472 BRIDGE STREET, SPRINGFIELD
at APREMONT TRIANGLE 737-1227
AUTHENTIC OIL PAINTINGS
INDIAN and CHINESE RUGS

war officer led the "Regulators" to the Springfield Arsenal in an attempt to arm themselves against a mercenary army sent by the governor. They were unsucessful but sent a chilled message to this young nation that tyranny cannot be guised in government that irresponsibly erodes liberty.

Now, I don't believe the events are necessarily related but an interesting analogy can be drawn from the history of our region.

Medically speaking, we in the western part of the state have recently taken leadership roles in our state medical and specialty societies; The President-elect of the Massachusetts Medical Society; President-elect of the Massachusetts Anesthesia Society; President of the Massachusetts College of Surgeons and President of the Massachusetts Urological Society; recent past Presidents of the state Radiological, Neurosurgical, Neurology and Orthopedic Societies.

We have every reason to be proud of our leadership in the state medical community. We have become fierce advocates of fair play, never losing site that we are the true advocates for our patients in the Commonwealth and in particular the western counties. We are as proud of that as our counterparts representing the same constituency in the legislature. This particular issue has had us in lock step to protect our patients. I believe they better understand that our motivation is not money but truly care of our patients. Only in a fair, competitive environment can those goals be protected.

At the recent Democratic National Committee Gala in Washington this past September, Paul Kirk, (Chairman of the DNC, and former Kennedy aide) called Massachusetts the light ship of the nation. The ship that the nation will follow to lead the way. Well, if Massachusetts is to be the light ship of the nation, before we take a further Homer-like Odyssey, we should remember that Springfield will be the **rudder** of that vessel.

As a political aside, I understand the Governor had a name recognition factor of 25% in a recent Iowa poll. Unfortunately it appears that as many as 10% of that number appear to be former Massachusetts physicians. Good luck Gov.!

> "I do the best I know how,
> the very best I can; and I mean to
> keep on doing it to the end.
>
> If the end brings me out all right,
> what is said against me will not
> amount to anything.
>
> If the end brings me out all wrong,
> ten angels swearing I was right
> would make no difference"
>
> Abraham Lincoln

Look to us for direction.

Shawmut
First Bank

Members FDIC. Equal Housing Lenders.

The Salem Syndrome

by Nicholas P.W. Coe, M.D., FRCS.

250 years ago in the village of Salem, Massachusetts, several young women were accused of witchcraft, and after perfunctory trials were burned at the stake. Were they guilty or were their deaths the result of overwhelming mob hysteria? There is of course no way to tell now, but the question has become more than academic today.

It seems that it is open season on Physicians; everyone and his brother embraces every opportunity to denigrate, belittle and abuse the profession. The citizens of Salem feared being turned into frogs, toads or other heinous skullduggery, but the public, the legal profession and the legislature today believe that physicians are intent on something worse still. They perceive the profession to be rich and to have reached that enviable status by cheating and stealing from patients, insurance companies and the government. They view Doctors as incompetant and the sole cause of any and every misadventure that occurs during the course of an illness, and also frequently as the source of a pecuniary windfall. Put most simply, the medical pratitioners of this country are responsible not only for all the ills mankind is heir to, but for the ills of the health care system he has created.

It is of course ridiculous to try to categorise so large and disparate a group as the medical profession in The United States in generalities, but analyses continue to appear from a very elaborate, yet basically anti-medicine essay in Newsweek to a shamefully biased report aired on th CBS evening news on the deleterious effects of caps placed on pain and suffering.

Physicians are subject not only to a mountain of bad press, but also suffer under legislation unacceptable in any other sphere. Unless indentured to the largest third party carrier in the state neither the patient nor physician will be reimbursed for services rendered. Retroactive billing of malpractice premiums is considered reasonable in this state, whereas were Mass Electric or any other state regulated utility to attempt to get away with such a manoeuvre, the resultant outcry would be deafening.

Are there too many physicians? Mr. Thompson seems to suggest there are, although of course I prefer Dr. Slachta's eloquent rebuttal. The issue of physician numbers has been flagellated ad nauseam for twenty years or more with no better answers now than then. Patient expectation and public accustomedness far outweigh market place considerations. No one in this country would be willing to wait five years for a hernia repair, put up with the pain of gallstones until the onset of jaundice precipitates operation or be refused access to dialysis on the basis of chronological age. The experience from other health care delivery systems is clear - delivery of less or rationed care costs less and needs a smaller cadre of providers. But does less necessarily mean best, even if it is cheaper?

Do physicians steal from patients? Without doubt medicine has it's Ivan Boesky's, but just as all of Wall Street is not tarred by the same brush, neither should the disciples of Aesculapius be so branded. (On the subject of salary comparisons it is of interest to note that a Wall Street trader can expect to make $250,000 in his or her first year of trading. Not a bad income for someone just out of business school at the tender age of 24 or 25, especially when a reasonable expectation is to approach the million mark within a few paltry years.)

But it's fun to jump on the bandwagon. Is it numbers of physicians or public expectation, malpractice suits or a burgeoning beaurocracy that continues to drive costs up? The press, the lawyers, the politicians, the electronic media and the advocate groups are all rushing helter-skelter to play "hunt the pig", a parallel to the fate of the unfortunate bespectacled boy in William Golding's apochryphal tale "Lord of the Flies". Somehow it seems that responsible groups, as all of the above mentioned unquestionably are, should be capable of more intlligent analysis and interpretation of the facts than a group of crazed, shipwrecked schoolboys. ■

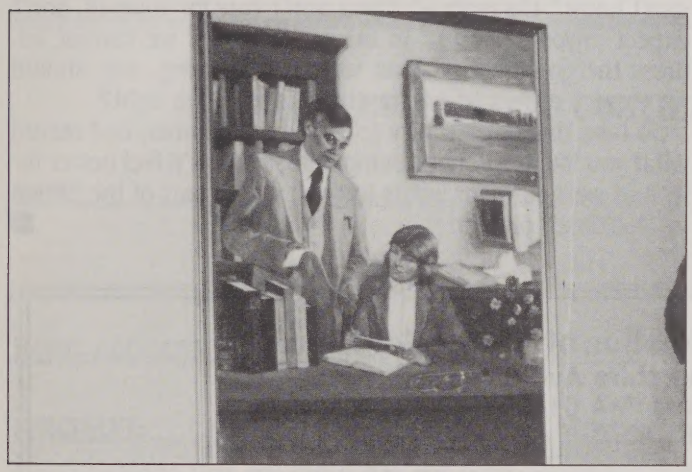
Message Center Beepers
1401 State Street, Springfield, MA 01109
Mobiletelephone ■ Beepers ■ Answering Service
781-1149 Mass Toll Free: 1-800-332-1149

New Portrait Introduced at HDMS Meeting

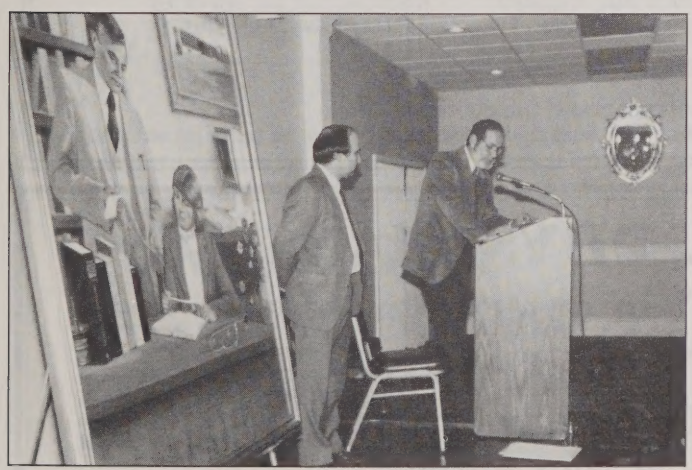
This address was given by Dr. Bruce Stoler at the HDMS Dinner Meeting.

In the Library of the Academy of Medicine hangs the portrait series of New England medicine from the founding of Springfield in 1636 through 1936, comprising one portrait of a representative but unidentified and unidentifiable doctor each 50 years. The Committee on Education and the Library, acting as the Board of Directors of the Academy of Medicine, commissioned the next portrait of the series in 1985 and launched a successful voluntary subscription drive for its completion. A Portrait Committee of the H.D.M.S. selected the artist and provided guidance for the subject matter.

Dr. James Fitzpatrick, Chairman of the Committee is unable to be here tonight and has asked me to present tne portrait, entitled "The Nuclear Age Physician", painted by the artist, Mrs. Catherine Brodeur of Holyoke. Unfortunately Mrs. Brodeur is not able to be here tonight due to recent surgery at the hands of a former president of H.D.M.S. The Committee provides the following interpretation of the portrait for your approval:



The Doctor of the Eighties—a Partnership



Dr. Stoler with Dr. Slactha looking on, presents the portrait of "The Nuclear Age Physician".

The doctor of the eighties is more than one doctor-a partnership of doctors-and increasingly more common, the doctor of the eighties is a woman. The library setting is indicative of the study necessary to the medical profession. The picture on the wall is of Springfield Municipal Hospital, symbolizing the increasing importance of the hospital as a center of medical practice since the 1936 portrait, and showing the location of the Hampden District Medical Society Headquarters, as well as the library of the Springfield Academy of Medicine and representing additionally, the growth of societal care of the elderly as a major trend since the 1960's.

The increasing importance of electronics in the practice of medicine is symbolized by the pocket beeper, the monitor tape being examined by both physicians and the computer console on the desk. The stethoscope represents the grounding of the practice in the methods of the past.

The books in the foreground bring into focus some of the more intangible trends in medical practice during the past half-century, the era of antibiotics, perinatology, transplantation and immunology, computed tomography and isotopes, and of ethical dilemmas and decisions with respect to life-taking and life-prolongation.

It is expected that this portrait will join the other seven portraits displayed daily at the library of the Academy of Medicine indicating the progress of medicine since 1636 when the city was founded, and will be available for loan and display to responsible organizations in 1987. ■

Pride In Medicine Essay Contest

by Mike Magee, M.D.

It's my pleasure, on behalf of the Presidents of the Hampden, Hampshire Berkshire, and Franklin District Medical Societies and the hospitals of Western Massachusets, to announce a unique, regional effort which carries the support of the MMS and the AMA. It's called the "Pride in Medicine" project, and its goal is to tell the public what's good about our profession and, in the process, reinforce a sense of positivity amongst ourselves.

What are we asking you to do? We'd like you to set aside some time in the next few weeks to recall a personal experience or event that highlights your choice of medicine as a career, the satisfactions of medicine as a profession, or why you view medicine with pride. We'd like you to then commit it to paper in an essay of less than 1,500 words and submit it with an entry blank (from your district president or hospital) to me at the address below.

With the help of judges from each of the district societies, we'll be choosing three prize essays in two categories—Active/Retired Physician and Student/Resident—for cash awards ranging from $500-$1,000. We'll be submitting top entries for publication in various medical journals, and will reproduce the best in a "Pride in Medicine" booklet for distribution to doctors' offices and hospitals. Finally, a formal awards ceremony will take place Wednesday, May 6, 1987, at 12:30 p.m.

Why should I bother? Well, there are several good reasons. A truism in communications is that media will mirror an institution's or organization's stated agenda. Thus, it's not surprising that an article like the recent one in *Newsweek* should appear so negative. It's, in part, simply a reflection of an agenda we ourselves have supported. So we have an interest in creating a positive counterbalance.

Similarly, it is a sociologic truism that in time of great change negatives overpower positives within affected institutions, and the people that are the institution become trapped in a cycle of self-denigration. This is unfortunate in that it compromises our future. So physicians have an interest in breaking this cycle.

Finally, it is a political imperative that large gains are often realized by acting in a manner that is inconsistent with your adversaries' perception of you, and few would expect that this would be the time that physicians would choose to commit to paper, in very personal terms, what it means to be a doctor. But that's exactly what we, with your help, intend to do.

I once was running for school office, and my high school principal asked if I was going to vote for myself. I said, "I don't know." His reply—"If you won't vote for yourself, don't expect anyone else to." In the same way, if we cannot address the goodness of what we do for a living, why should we expect others to portray us in a positive light?

So take this opportunity to reflect, remember, and record what you like best about being a doctor. You'll feel better for it. And we'll put your words to good use as part of the "Pride in Medicine" project. ■

VNA.
Visiting Nurse Association of Springfield, Inc.
600 Berkshire Ave.
Springfield, MA 01109
781-5070

HOME HEALTH SERVICES
24 hours a day · 7 days a week

NURSING
PHYSICAL THERAPY
HOMEMAKERS
HOME HEALTH AIDES
OCCUPATIONAL THERAPY
SPEECH THERAPY
MEDICAL SOCIAL SERVICES
VOLUNTARY CARE GIVERS

Certified for Medicare-Medicaid/United Way Agency

Serving: Agawam, East Longmeadow, Longmeadow, Ludlow, Hampden, West Springfield, Southwick, Springfield, Westfield and Wilbraham

ATTENTION ALL PHYSICIANS
Tuesday-March 31, 1987 in observation of
"DRS. DAY—A DAY OF CARING"
Free Blood Pressure and Cholesterol Screening
8:00 a.m - 12:00 p.m. at your hospital
SPONSORED BY: Hampden District Medical Society Auxiliary and Springfield Department of Health

ESSAY CONTEST SPECIFICATIONS:

- Essay length of 1500 words or less, based on personal experience or beliefs.
- ESSAYS SHOULD:
  1. Provide positive insight into those factors leading to the choice as medicine as a career, and/or the satisfaction of medicine as a profession.
  2. Reinforce a positive feeling among physicians toward their own profession.
  3. Promote understanding between physicians and their patients.
- Judging will be by a committe representing each of the District Medical Societies. Winning essays will be selected on the basis of insight into the profession and literary content.
- Awards of $1000, $750 and $500 will be made to the top three entries in each category.
- Winning essays will be submitted for publication to the District Societies, "Massachusetts Medicine" and the "AMA News". Selected essays will be published for community distribution.
- Prize winners will be honored at the *Pride in Medicine* Ceremony at 12:30 p.m. on May 6, 1987.
- Four copies of the essay should be submitted with an entry form. Please do not put your name on the essay itself.
- MAIL ENTRIES TO: PRIDE IN MEDICINE PROJECT
  c/o Dr. Mike Magee
  Baystate Medical Center
  Springfield, Massachusetts 01199
- Entries must be post-marked no later than April 4, 1987.

PRIDE IN MEDICINE CONTEST ENTRY FORM (Please Print or Type)

NAME: _____ BUSINESS ADDRESS: _____

_____ TELEPHONE: _____

HOME ADDRESS: _____ TELEPHONE: _____

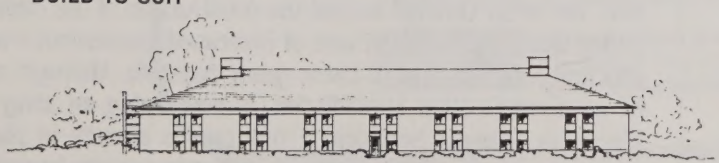
SPECIALTY: _____ CATEGORY: Student/Resident Active/Retired

I acknowledge that my entry has not been previously published, and that, on submission, it becomes the property of the **Pride in Medicine Project** with full rights to reproduce and broadcast.

SIGNATURE: _____ DATE: _____

FOR LEASE

QUALITY PROFESSIONAL OFFICES
STAFFORD STREET OPPOSITE MERCY HOSPITAL
EASY ACCESS INTERSTATE ROUTE 291
INHOUSE ARCHITECT/DECORATOR
STARTING AT $12.60/S.F./YR.
INDOOR PARKING
BUILD TO SUIT



CALL NOW FOR MAY OCCUPANCY

STAFFORD PLACE

EMPIRE REALTY 213 WORTHINGTON STREET, SPRINGFIELD MA 01103 TEL. 781-3010

Baystate Medical Center Office Building To Open In 1987

Later this year Baystate Medical Center will proudly open the doors to a new Medical Office Building on its campus. By providing a modern site for office-based physicians convenient to the area's only tertiary facility the community, the physicians and the Medical Center will all benefit.

The need for such a building connected to the hospital has long been recognized by Baystate's medical, administrative and Board leadership, but was prevented up to now by zoning restrictions. Two years ago discussions with neighborhood and governmental leadership paid off, resulting in the project being granted a green light. Groundbreaking for the structure was held in September 1986, construction has proceeded rapidly, and the building is scheduled to be available for occupancy in November 1987.

Upon completion the office building will immediately begin to facilitate the practice of medicine for its medical staff occupants, as well as providing increased convenience for patients, thus furthering Baystate Medical Center and the practicing physician.

The building itself will be five stories, with nearly 70,000 square feet of office space. A six-story parking structure will connect to the office building at each floor and provide covered parking space for 355 cars. All of this will be directly connected to the hospital, easing movement for patients, physicians and staff. The Medical Center is committed to meeting the individualized needs of its medical staff occupants, by providing a great deal of flexibility in suite design. All suites will be custom designed taking into account physician concerns for patient, staff and personal comfort and efficiency. Suites may be purchased as a condominium or leased, and various financing options are available.

PHYSICIAN AND PATIENT CONVENIENCE

The first floor of the new Medical Office Building is designed for physician and patient convenience. A pharmacy, radiology service and laboratory will be located there, as well as some prime office space. Patients will be able to access the main hospital through a connected and covered walkway that will offer close proximity to the Emergency Room. In this case, proximity translates into savings in time and money, because patients can keep various medical appointments with just one stop.

For members of the medical staff who occupy the building, proximity takes on several dimensions. Hospitalized patients are only minutes away. Other ancillary services on the ground floor are designed to quickly and efficiently respond to physicians, needs. This concentration of frontline medical personnel, coupled with the quality and quantity of support services located in the hospital, opens new avenues that promise solutions to practice problems of the future.

EFFICIENCY

A location in the Medical Office Building eliminates the need for daily travel between office and hospital to visit hospitalized patients. Instead, physicians with a suite in the Medical Office Building become more accessible to patients--and, therefore, more patients may be accommodated in one's practice. The entire concept behind the construction of the Medical Office Building has been one of increased convenience and efficiency. In support of these goals Baystate, through one of its diversification subsidiaries, is developing an array of Physician Support Services. A program is already in place where members of the medical staff can secure favorable

pricing for furniture and equipment as well as medical and office supplies. A number of other services are in development or analysis.

Depending on the desires and needs of occupants of the building and other eligible members of the medical staff, the existent purchasing program is expected to expand to include data processing, billing, housekeeping, security and potentially a wide array of other products aimed at making office practice more efficient. Participation in the overall Physician Support Service Program or in any individual element is totally voluntary. Many of the elements will be available by year's end to all eligible members of the medical staff—some will only be able to be practically provided to the on-site office building.

In 1986 Baystate Medical Center completed construction and occupied the new Centennial Building, thus providing to the physicians and the community not only the most modern facility in Western Massachusetts, but also access to state of the art tertiary and support programs and equipment. With the introduction of a Medical Office Building physically connected to the new hospital the occupants of the office building for the first time will be able to combine the opportunity for efficient medical practice with proximity to the full array of clinical support programs needed for modern practice. ■

The Robert B. Doyle Agency

Serves

The Western Massachusetts Medical Community

WE:

- **APPRAISE** and **SELL** practices
- **DESIGN** start-up marketing strategy
- **RECRUIT** associates
- **PLAN** retirement steps
- **PROVIDE** investment products and quality tax shelters
- **FUND** pensions and other fringe benefits
- **STRUCTURE** charitable giving
- **RECOMMEND** money management firms
- **FIND** and **LEASE** medical office space
- **WELCOME** inquires

ROBERT B. DOYLE, C.L.U., President
95 State Street, Suite 511
Springfield, Massachusetts 01103
(413) 785-1659

Important products from Dista

Nalfon®
fenoprofen calcium
600-mg* Tablets

Keflex®
cephalexin
250 and 500-mg Pulvules®
125 and 250 mg per 5 ml, Oral Suspensions

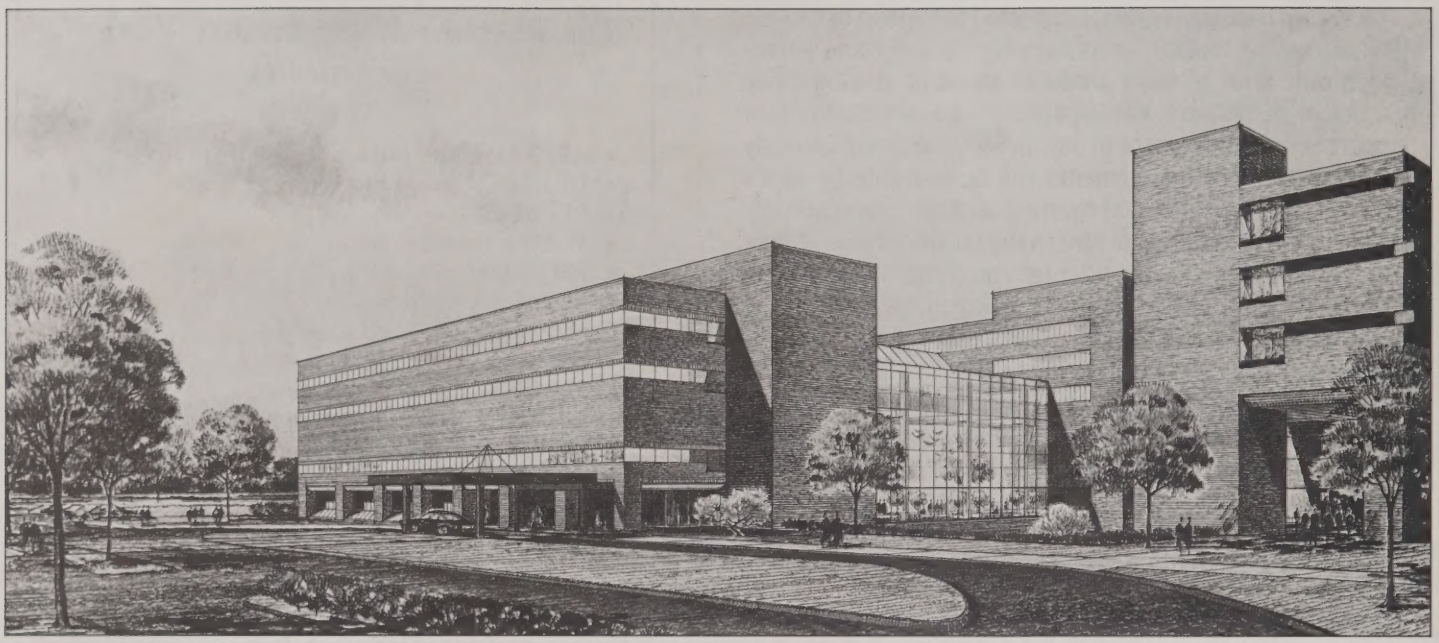
*Present as 691.8 mg of the calcium salt of fenoprofen dihydrate equivalent to 600 mg fenoprofen.

Additional information available to the profession on request.

DISTA
Dista Products Company
Division of Eli Lilly and Company
Indianapolis, Indiana 46285

420080

New Physician Office Building At Mercy Hospital



After several years of planning, construction began in September last year on the Physician's Office Building at Mercy. Upon completion in January 1988, the new facility will enable Mercy Hospital to provide "one-stop health care." The five story, 127,000 square foot building, while principally devoted to medical office space, will also contain related commercial and health care activities. Most importantly, because this facility is attached to the hospital on all floors, the two key ingredients in health care--the physician and the hospital--will be linked together in order to provide the best possible care for the patient.

The Physician's Office Building at Mercy is the culmination of three years' planning that began when a group of physicians and Mercy Hospital recognized the need to provide patients with a full range of health care services in one location. The Mercy campus, with substantial space for additional facilities and parking, was an ideal location where these services might be located. A health care feasibility expert, the Chi Systems, Inc., from Chicago, Illinois, was retained to assess if what was only a strong sense could indeed become a reality. Over a six-month period, a feasibility study was conducted by Chi. It included an intensive market assessment with hospital staff, administration and the board of trustees, as well as the community and the staff physicians. Through this process, Chi confirmed that there was a strong need for additional high quality medical office space on the Mercy campus.

As a result, a project team was assembled to design and construct a building that would be uniquely suited to meet the needs of physicians and their patients. From the beginning, the project team adhered to several key objectives: the building must be attractively designed and, at the same time, especially functional. It should afford direct tie-in with the hospital on all floors. And very importantly, it must be built at an affordable price.

The architectural firm of Russell, Gibson von Dohlen of Farmington, Connecticut was selected because of their experience with medical office design; The firm is also the project architect for the state of Connecticut legislative office complex now under construction in Hartford: Turner Construction Company, a well recognized and highly regarded name in the construction industry, is now well into construction. Edward J. Kulik and Associates, Inc., a local firm that specializes in real estate development, is the project developer and is coordinating all aspects of the development effort. The team is also receiving legal advice from the Springfield law firm of Egan, Flanigan & Egan, and the Boston firm of Goodwin, Procter & Hoar, Finally, Coopers & Lybrand, the well known national accounting firm, rounds out the project team.

The new building is being constructed behind the present main entrance of the hospital. The project also includes redirection of campus traffic. In addition to medical office space, the building will provide direct entrance to Mercy Hospital through a glass enclosed walk-through atrium three stories high, a pharmacy, restaurant, optical shop, banking services, a gift shop, and several hotel rooms for patients' families, visitors and outpatients.

Because physicians have shown a strong preference to own their own medical office suites as individuals, the building is being developed as a condominium. This medical office condiminium project is a first for Western Massachusetts and probably the first medical building condominuim in the state

that will be physicially connected to a major hospital. Physicians will derive long-term benefits by such ownership, since medical office suites, a large component of physicians' overhead, are expensive to operate. Each medical suite will be financed individually between the physician and the lending institution.

The entire project is based on the concept that on-campus medical facilities offer genuine benefits to physicians and their patients through providing the best possible care--better supervised care for hospital patients, reduced length of stay, and subsequently lower costs, and availability of a wide array of health care services in one place for outpatients.

Experts in health care delivery have indicated that patients benefit through increased physician interaction and involvement as well as easier or earlier hospital discharges because the physician is close to the patient at all times. In an emergency, the physician can be there in seconds instead of having to drive two or three miles to get to the patient. Also, when procedures are necessary, the physician can order them processed immediately, whether or not the patient is admitted. It is estimated that, by locating next to the hospital, physicians will gain up to an additional 1-1½ hours per day to spend with patients. There is also the tremendous efficiency of time in having complete medical facilities at the physician's fingertips.

As testimony to the attractiveness of this concept, the Physician's Office Building's functional but handsome design and the very competitive price at which condominium space is being offered, commitments by physicians for space are above expectations. Approximately seventy percent of the available medical office space is currently under reservation.

Construction is proceeding on schedule with some major work already completed. Foundation work including piles was recently completed and over one half of the structural steel is now in place. We expect to have a topping off ceremony later this month. Substantial work is yet to be done, but we look forward to the day when the doors open to medical office facility, second to none, in Western Massachusetts. ■

"The Physicians Choice"

- 24-Hour Registered Nursing Care
- Physical Therapists to Continue Your Prescribed Therapy
- Special Dietary Requirements Graciously Served
- Luxury Accommodations are available at our Longmeadow House

East Longmeadow Nursing Home & Longmeadow House

For information contact:
Beverly Ann Atkinson
Director of Admissions
(413) 567-1046

Pension Plan Management

by Tatyana Okshteyn

Investment Performance Measurement and Evaluation

(This Article is the third in the series dealing with value-added Pension Plan Management)

Behind all investment portfolios lie flesh and blood investors, each of whom is unique, many considerations of the investor's specific objectives, constraints and policies are qualitative, but all lead to a quantification of risk* and return and ultimately to the development of an optimal investment geared to the needs and objectives of each investor.

Earning return on investment requires the passage of time. Only two types of time passage are important in investment management: time that has already passed and time that has yet to pass. The former permits objective measurement of the rate of investment return that has been achieved, the latter, dealing with results not yet achieved, requires subjective or expectational expressions of investment return.

The word "return" for most people conjures up an image of some number that is both correct and exact. Very seldom is this the case, while return, whether expected or realized, is one of the most important attributes of any financial asset actual usage and application can often be misleading.

REALIZED RETURN MEASUREMENTS—Objective measures (no risk involved).

- Gross return—this measure is one most commonly used by tax-exempt funds such as pension funds to compare the performance of managers. It does not deduct fees, as they vary with fund size.
- Net return—this measure deducts the fees. It is used in measuring mutual fund performance where fees are a fixed percentage of assets.
- Net after-tax real return—nominal return minus inflation rate, high nominal returns may merely reflect a high inflation rate.

EXPECTED RETURN MEASUREMENTS—Subjective measures (risk involved).

The returns that will actually occur will of course depend on the economic scenario that unfolds. The expected return, however, is the best estimate. Expected return calculation is based on the following assumptions:

- All investors are risk-averse
- High return assets are to be preferred to low return assets
- High return assets can only be purchased at the price of accepting commensurate risk.

There are measures that enable investors to quantify risk and therefore measure expected returns.

No performance measurement process is complete without an attempt to measure the riskiness of the investment.

After both realized and expected investment performance are measured, the evaluation process becomes critical as it allows:

- Monitoring of investment strategy;
- Judgement of investment performance relative to the expectations and comparative standards.

Most of the investment performance evaluation services emphasize rate of return and ignore risk.

Based on the research of prior attempts to measure investment performance, and on an analysis of the special factors affecting pension funds, it is obvious that the evaluation model must be capable of measuring both return and risk. Only such a model can provide feedback as to whether the results coincide with expectations.

Do you get such feedback when evaluating your own investments?

Tatyana Okshteyn is associated with "Aetna Capital Management" in Hartford and is a consultant to "Investment Evaluation Group, Inc." in Springfield, Mass. Mrs. Okshteyn holds an MBA from University of Massachusetts in Amherst and is a member of "Options and Futures Society of the United States."

*"Risk—Chance of bad consequences...Exposure to chance of injury or loss" *Oxford Dictionary*

INGRID SCHWEIGER, Ed.D.

PSYCHOTHERAPY
ADULT • ADOLESCENT • CHILD

LONGMEADOW, MA (413)567-3133

MARY LYON NURSING HOME

Hampden
Massachusetts
MEDICARE APPROVED
Phone: 566-3431
566-3426

Ad Copywriter-Registered Dietitian Joins Food and Nutrition Group

Diane Dipiero, President of Food and Nutrition Consignments (FNC) of Springfield, Massachusetts, is pleased to announce the addition of Naomi Volain to our program. She will add her writing talents to the professional team which offers advertising, business, medical and educational corporations improvement of the service standards in nutrition information. Her writing experience includes advertising and promotion in nutrition and pharamaceuticals. Prior to accepting this position Ms. Volain was employed at Bozell, Jacobs, Kenyon and Echardt Healthcare Division, New York She received her Bachelor of Science degree from the University of New Hampshire and her Master of Science from the University of Bridgeport. She is a member of the Americam Dietetic Association

Diane DiPiero Saia
Food and Nutrition Consignments
55 State Street, 2nd floor
Springfield, MA 01103

The Other Side of Alzheimers— In Hampden County

The Visiting Nurse Association of Springfield

The December 12, 1986, issue of American Medical News carried a four-part article entitled "Treating the Other Side of Alzheimer's" in which the author stressed the importance of supporting and managing the patient's family and the need for interdisciplinary care. Physicians in Hampden County are fortunate to have programs at the Visiting Nurse Association of Springfield (VNAS) and the Geratric Authority of Holyoke, plus the Western Massachusetts Chapter of Alzheimer's Disease and Related Disorders Association, on whom to call for supplimentary services and emotional support for the long-term task of caring for the Alzheimer's patient and family.

The VNAS Alzheimer's program was described in the June-July 1986 issue of *The Hampden Hippocrat.* Goals of the program are the provision of information and referral, education, support and respite. Services have evolved according to need and the availability of funding. Two new facets of the program have been developed and implemented recently and can be used to good effect by physicians to augment their support for care givers if patients diagnosed with Dementia of the Alzheimer's Type (DAT).

Alzheimer's Alert! is a simple scheme whereby a demented patient may be registered with his or her local police department. A form which lists physical and behavioral characteristics and contact names, and includes a photograph of the patient, is kept on file by the police against the time when the patient wanders away from home or an emergency involves the caregiver's health. Police departments throughout the four counties of Western Massachusetts have been informed of this program and many have been pleased to implement it.

A new staff position, that of Nurse Educator, has been added to the VNAS Alzheimer's program. This Registered Nurse will visit patients of 60 years of age and older and their family caregivers in the communities of Springfield, Westfield, Longmeadow, East Longmeadow, Agawam, Wilbraham and Hampden. Federal funds for this position have been granted by Greater Springfield Senior Services, Inc., an Area Agency on Aging.

The Nurse Educator will instruct caregivers as to appropriate physical care of the patient as well as behavioral management and modification of the home to promote safety. Home visits will be relaxed and conducive to giving the emotional support necessary in the circumstances and there will be no charge for the service. Referrals are expected from physicians, nurses and elder service providers but are also hoped for from family members themselves.

Education on a broader scale will be presented this spring and summer. A two-session program, "The Management of Incontinence at Home" will be co-sponsored by the VNAS and the Municipal Hospital on March 11th and 18th from 1 to 3 p.m. at Municipal Hospital. Speakers will address the causes of bladder and bowel incontinence and inform family caregivers how to cope with these distressing symptoms.

The fourth annual Alzheimer's Educational Series will take place each Wednesday, 1 to 3 p.m. during May and June at Trinity United Methodist Church, Sumner Avenue, Springfield. Last year 131 persons attended the talks which again are free of charge. The VNAS is appreciative of the time and expertise donated by Drs. Lawrence Metz, M. Sorrell and D. Friedenson to this effort.

Caregivers of patients with a diagnosis of DAT are under tremendous stress. They cope much better if supported in their task and one of the positive things physicians can do for them is to prescribe help from the VNAS and other programs in the community. The efforts of the VNAS are supported financially by direct donations to the James S. Bulkley Fund and by the United Way of Pioneer Valley, and morally by the community we serve.

Wenda Restall, Coordinator, Alzheimer's Disease
and Related Disorders Services VNA of Springfield
Vice President ADRDA Western Massachusetts

Dr. Rogers Returns

by W. J. Baker, M.D.

Dr. Harrison Rogers, Immediate Past President, AMA

Harrison Rogers, M.D., the immediate Past President of the AMA, returned to Springfield, January 27, almost two years later to the day, to address the Hampden District Medical Society at the Sheraton-West Springfield. Pinch-hitting for the President-Elect, William Hotchkiss, he emphasized his belief that the Golden Age of Medicine had not passed, but was still to come.

Dr. Rogers, as he did on his visit in January, 1985, traced the numerous changes relating to the practice of medicine since the 1960's. Noting that medical care had improved, he cited the reduction in mortality due to heart disease, cancer and stroke, along with the high quality of research. The healthcare industry is now the second largest in the U.S., taking up 10½% of the gross national product, with 40% of the bill being paid for by the Federal government.

"Doctor glut" is becoming a real problem he felt, with more competition emerging from alternative health care delivery systems and for-profit hospitals.

Professional liability was a troublesome problem, with "defensive medicine" costs comprising 10% of the nation's health care spending. Most importantly, though, was the fact that physician-patient relationships tended to be tilted toward an adversary relationship and feeling of distrust in this litigious era.

He decried the trend to "corporatize" the practice of medicine, with increased pressure for physicians to produce a profit rather than opt for quality care as the professional ethic often clashed with the business ethic.

More regulation by government is coming, he warned. Physicians' work will be reviewed in the office as well as the hospital, with more paperwork and more controls to comply with in new areas. The goal of the government is to install a capitation system, he believes, along with Medicare cuts, in the future.

Again, as in 1985, he called for physicians to never forget the interests of their patients. Overcome apathy, contribute to one's community, talk to legislators and resist commercialism were the actions he proposed.

The AMA has been active in producing the Health Policy Agenda, soon to be released. It has supported the continued production of vaccine with acceptable liability provisions. It has developed an information clearing house on MD's nationally who may have had sanctions and adverse actions taken against them and moved to other states.

Finally, he expressed a theme of optimism despite all of the foregoing. The Golden Age of Medicine is yet ahead!

A lively question and answer period followed, with Dr. Navazio presenting an eloquent plea for the AMA to work for the improvement of care and provision for the chronically ill—a national desgrace for this country, he felt.

Dr. Terry O'Neill noted the apathy of the Hampden District with only about 80 present for this meeting versus the almost 200 two years ago.

Dr. Rogers remains an eloquent spokesman for American Medicine. Everyone present seemed to hope that all physicians would become involved before their feet actually felt the flames. ■

Distinctive Dining at Springfield's
STUDENT PRINCE
and
FORT RESTAURANT
6 Fort St. 788-6628-Springfield

TENORMIN
TENORETIC TABLETS
CEFOTAN I.V.
Frank Bobbin
Stuart Pharmaceutical

Benefit From Years of Expert Shoe Fitting at ARNOLDS

CRADLE YOUR FOOT IN SOFT DEERSKIN

PILLOW TOPS

THE *EXTRA* DEPTH SHOES
REG. U.S. PAT. OFF.

FOR MEN
AND WOMEN

Other Styles
Available

- Extra Depth Shoes are especially designed to give natural support to the arches of the foot.
- Perfect for Post-operatives, people suffering from weak arches, bunions, hammer toes, enlarged joints or metatarsal discomfort.
- These Lasts are ¼" deeper, allowing room for our special cushioned inlay for super comfort, which is easy to customize. Or remove the inlay to accomodate molds or arches.

"Put Your Feet In Reliable Hands"

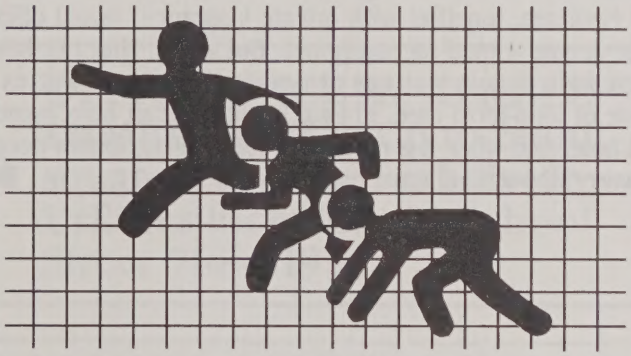
ARNOLD'S
Foot Health SHOES

FREE
PARKING

327 BRIDGE ST., OPP. STEARNS SQ.
Open Mon. & Thurs. Nites

Also Custom-molded Footwear

Sports Therapy for
Athletic Rehabilitation and Treatment



S·T·A·R·T
INCORPORATED

Back Rehabilitation
Cybex Testing And Rehabilitation
Sports Injury Care

- Industrial Accident Rehabilitation
- Physical Therapy
- Fitness Evaluation
- Orthotic / Brace Casting

91 School Street • Springfield, MA 01105 • **413-788-6195**

SPRINGFIELD PRACTICE CONSULTANTS

Suite #126 130 Maple Street
Springfield, MA 01103
(413) 785-1186

? Have you been considering a computerized system for your practice.

? Is your time too valuable for an in-depth search for the perfect system to meet your needs.

WE CAN HELP YOU:

1. Evaluate your practice needs.
2. Define your specifications into document form for submission to various vendors.
3. Select and convert to a computerized system from your present system.
4. Adaptation of business office routines.

We have over 40 years combined experience in medical practice.

Long-Term Care: A Problem Comes of Age

James L. Moorefield, President, Health Insurance Association of America

In 1965, President Lyndon Johnson signed Medicare into law. For the first time in the country's history, a federal program was in place that would protect people 65 and older from catastrophic health expenses. Johnson promised, "No longer will illness destroy the savings that older Americans have so carefully put away over a lifetime.

Twenty years later, an 83-year-old woman told the Senate Special Committee on Aging that she and her husband had spent their life savings, $66,000, in just three years to pay for home care services she needed while recuperating from a stroke.

Medicare and private Medigap health insurance had shielded this older American from the expensive hospital and medical costs of her illness. But neither Medicare nor supplementary health insurance was designed to help her and the more than 6 million other older people like her who have chronic-but not life-threatening—health problems requiring long-term care.

Long-term care for the elderly was not anticipated when Medicare was first enacted because most people were not living long enough to need it. As this century draws to its close, however, a growing number of Americans are living past their 85th birthday. In fact, the "old" old are now the fastest growing segment of the elderly population.

What kind of care do these older people need? Curiously, the odds are against their being hospitalized for long periods. Of the nearly 30 million people with Medicare benefits, only one in one thousand stays in the hospital more than 60 days each year. However, according to the Department of Health and Human Services, one out of every four Americans who lives past the age of 65, will enter a nursing home.

Most people think that Medicare provides older people with coverage for any long-term care services they might need. They're wrong. Medicare covers only 100 days of skilled nursing home care annually. It makes home health care available, but only under limited and narrowly defined circumstances. Because of these restrictions, Medicare paid less then 2 percent of the $25 billion that Ameericans spent on nursing home services in 1984.

Private insurance pays an even smaller share—16 percent—of the annual cost of long-term care. Over one million Americans are in nursing homes, but only approximately 130,000 people to date have bought private long-term care insurance. Myths about Medicare's coverage of long-term care have hampered the growth of such insurance products, simply because most people think that they don't need the protection of long-term care coverage.

Right now, 16 HIAA member companies are offering long-term care insurance—mainly in the form of indemnity plans. Our companies are also experimenting with other types of long-term care products that provide protection from these catastrophic expenses. Not only the very old, but also for the newly retired and those currently working. To develop products for such a diverse marketplace, insurers need to have a favorable regulatory environment. Insurers believe that the long-term care insurance regulations under consideration must be flexible enough to allow companies to continue to experiment with different products that suit the needs of different policyholders.

Lyndon Johnson was not entirely mistaken in 1965 when he assured Americans that government programs like Medicaid and Medicare, together with private insurance, would offer older people a medical safety net. But today, that net has a hole in it. A hole that was caused by the catastrophic expense of long-term care. Private insurance can help mend that hole. And when it is repaired, people will no longer need to worry about long-term care. ■

FOR EVERYTHING IN TRAVEL!
AGENTS FOR LEADING AIRLINES, HOTEL & STEAMSHIP COMPANIES
DOMESTIC & FOREIGN TRAVEL
TRAVEL AGENCY
ARRANGED FOR BUSINESS OR PLEASURE
FULLY COMPUTERIZED RESERVATIONS & TICKETING SYSTEMS
Weidner Travel, Inc.
JOE MELL President
Everything in Travel
ANYWHERE IN THE WORLD Call 781-0550
205 DWIGHT ST. SPRINGFIELD

Notes & Quotes of Interest

INVESTIGATOR JOSEPH T. LABELLE OF THE DIVISION OF REGISTRATION has received numerous complaints from pharmacies in our area because the prescriptions they are receiving are not being properly completed.

Investigator LaBelle left us a six page packet of information on this new law (Chapter 582) which went into effect November 1st. Should you wish a copy please call the Society's Office at 736-0661.

THREE HDMS MEMBERS will be honored as 50 year members at the Annual Meeting April 28th. We Salute:

WILLIAM M. GREGORY, M.D.
JULES R. SETNOR, M.D.
JOHN F. WONSON, M.D.

DEAR DOCTORS,

The Hampden District Medical Society Auxiliary with the help from the Springfield Department of Health is providing for you a free clinic for blood pressure and cholesterol level screening. The testing will be held in all of the area hospitals on the morning of Tues., March 31, which is the nationally recognized "Drs. Day—A Day of Caring". This is our way of saying we care about you. Start your rounds a few minutes early and take advantage of this opportunity.

Bobbie O'Neill
Hampden District Medical Society Auxiliary

OFFICE SPACE AVAILABLE IMMEDIATELY. Up to 6600 square feet — will subdivide. Utilities included. 91 School Street 788-6195.

ESTABLISHED IN THE YEAR 1851
Dickinson-Streeter Funeral Service
305 STATE ST., SPRINGFIELD, MASS.
Earle C. Bradley Alfred J. Gay

Aids/Arc Support Volunteer Component; New Program for the VNA of Springfield

The AIDS/ARC Support Volunteer Program was developed by the Visiting Nurse Association of Springfield (V.N.A.S.), Inc., to assist in meeting the needs of individuals/families/significant others struggling with AIDS and ARC. The program is based on the hospice concept of volunteerism but tailored to deal with some of the special issues which these diseases raise.

Tomes have been written about the psychosocial aspects of living with a terminal illness. Shock, fear, disbelief, anger, sorrow, loneliness and guilt are just a few of the emotions which most terminally ill people and the others in their lives share. But there are additional issues to be faced by individuals affected by AIDS/ARC. They are the issues born of the stigma and fear which the nature of the diseases and the segments of the population most often affected raise both among the general public and health care personnel. Because of these additional issues, the natural outpouring of sympathy, compassion and support for victims of other causes of terminal illness is often totally lacking for the victims of AIDS/ARC and their significant others.

The Support Volunteer Program does not presume to solve the huge problems which result from the above issues. But it does have trained and committed volunteers ready to offer support to individuals affected by AIDS/ARC on a one-to-one basis. The program requires the consent of the individual's primary physician and a knowledge of the diagnosis and prognosis by the individual. The individual is interviewed by the program facilitator to promote appropriate volunteer assignment.

During training the potential Support Volunteers learn about the many issues surrounding AIDS/ARC. They update and clarify their own knowledge about the AIDS virus, how it is transmitted and its range of effects. They learn how the spread of the virus is prevented. They also learn about the population groups affected by the virus and the many psychosocial issues raised by this epidemic. They enhance their innate skills as caring people and begin to develop some new skills as well. And most importantly, they explore some of their own feelings, motivations and concerns before becoming volunteers.

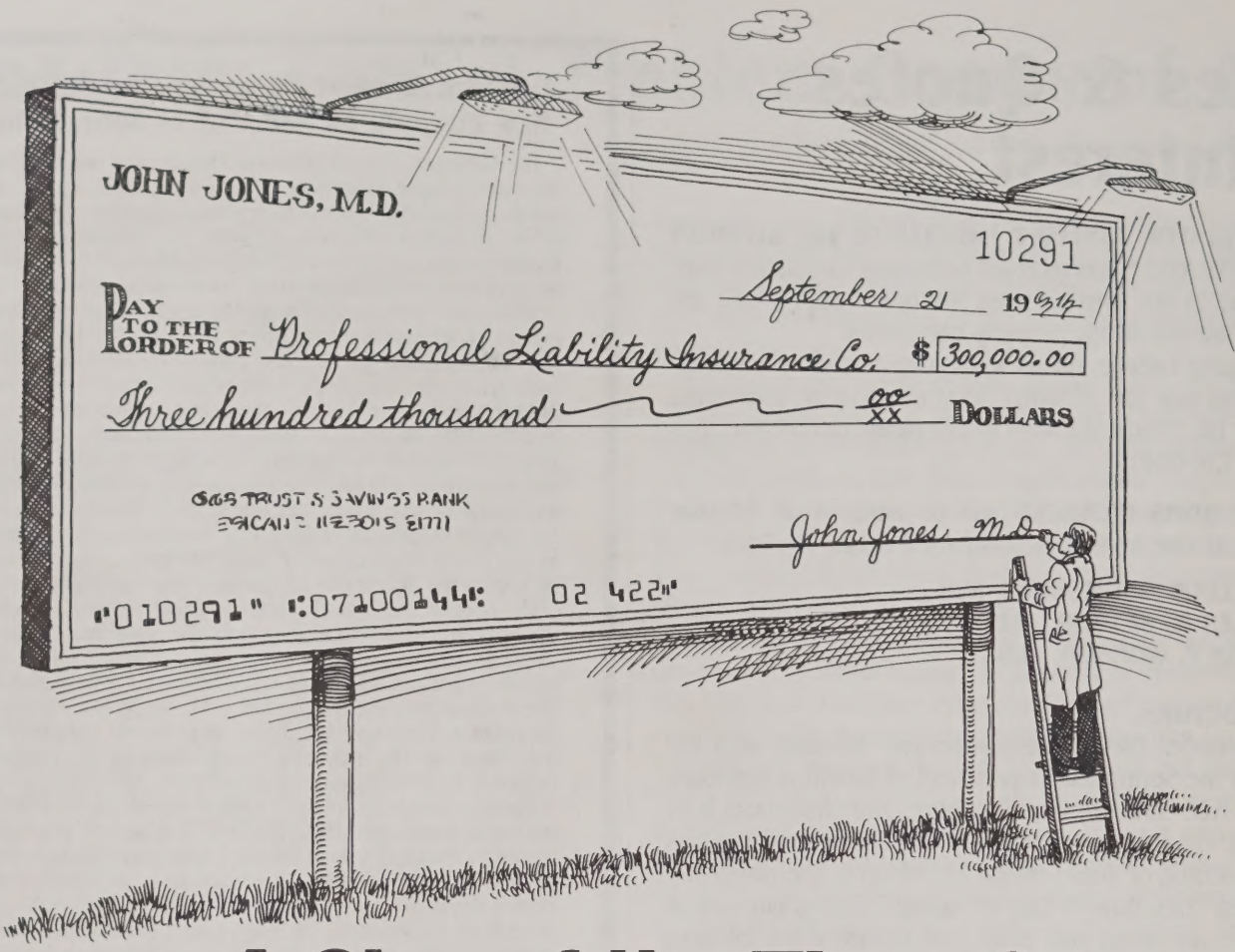
All of this helps to prepare the volunteer to be placed with an individual with AIDS/ARC. The role of the volunteer is to act as a caring, compassionate, friend to his/her assigned individual. The volunteer provides advocacy and companionship for the individual in an effort to enhance his/her ability to cope with the illness. The basis upon which the relationship is established depends upon the person's expressed needs. Volunteer services might include being a concerned listener, a companion on an outing, or a provider of respite time for the primary care giver. The volunteer does not in any way try to replace the primary care giver, family member or a significant other, if in fact these important people are available for the individual. Volunteers can also be assigned to individuals in the acute care hospital or in the Western Massachusetts Hospital Palliative Care Unit if appropriate.

The training which the volunteers receive also helps them to act as educators and resource people not only to their assigned individuals but to their own friends, family member and the communities in which they are involved. Ongoing supervision, education and support is provided for the volunteers as they supply their service.

Another level of volunteerism being explored addresses practical needs such as providing transportation, shopping, running errands, etc. This level is still in the planning stage.

The V.N.A.S. Support Volunteer Program is now in an outreach phase identifying individuals who may need and want to have volunteers and establishing relationships with other AIDS/ARC services. Volunteerism is not new to the V.N.A.S., but how to mold the concept to best meet the support needs of the diverse groups of people affected by this varied and complex epidemic provides an ongoing challenge.

Bonnie M. Brown, R.N., B.S., M.S.N.


JOHN JONES, M.D.
10291
September 21 19 86
PAY TO THE ORDER OF Professional Liability Insurance Co. $ 300,000.00
Three hundred thousand 00/xx DOLLARS
John Jones M.D.
"010291" :071001441: 02 422"

A Sign of the Times?

In 1983, 22 physician-owned professional liability insurance companies were forced to raise their premiums an average of 17 percent. At that rate, high-risk insurance coverage that cost $63,000 in 1983 could top $300,000 in just ten years.

These costs are leading to an affordability crisis which affects everyone. Physicians are concerned about rising premiums, exorbitant awards and continued insurance availability. Patients pay the price in increased costs and limited access to care.

Liability problems exact a high toll on physicians – in time and money, and even on their health. Some have been forced into early retirement; others have modified their practices to avoid high-risk procedures.

There is help. The American Medical Association's Special Task Force on Professional Liability and Insurance has developed an ambitious plan of action to respond to the crisis. This includes reviewing tort reform, working with the nation's policymakers to address the issue, promoting state coalitions to deal with the problem, distributing patient information materials and instructing physicians on how to avoid lawsuits.

If you want something done about the professional liability problem, become part of the solution: join the AMA.

For more information about membership, call toll-free 800/621-8335 (in Illinois, call collect 312/645-4783), or return this coupon to:

The American Medical Association

Division of Membership
535 North Dearborn, Chicago, Illinois 60610

☐ Please send me AMA membership information.
I am a member of my county medical society.

Name

Street

City State Zip

County

14-063

Your Society Sponsors

HOSPITAL, SURGICAL, MEDICAL &
MAJOR MEDICAL INSURANCE
for Physicians and Eligible Employees

COMPARE Cost and Coverage

Also Available to You

TERM LIFE
($300,000 Maximum)

DISABILITY INCOME
($600 Weekly Maximum)
New Recovery Benefit
GUARANTEED: Renewable/Convertible

OFFICE OVERHEAD
($3,000 Monthly, New Maximum)

For Details, Contact:

CRAIG W. STEWART
District Supervisor
65 Forest Glen Road, Longmeadow, Ma. 01106
Telephone (413) 567-5774

LB
personal service
since 1922

LESTER L. BURDICK, INC.
Loyalty Group Insurance

10 POST OFFICE SQUARE,
BOSTON, MA 02109
(617) 426-0020

Underwritten by **COMMERCIAL INSURANCE COMPANY** 15 Corporate Place South, Piscataway NJ 08854 • (201) 981-4842

ANNOUNCING THE MERGER OF HIGH PERFORMANCE WITH HIGH FINANCE.

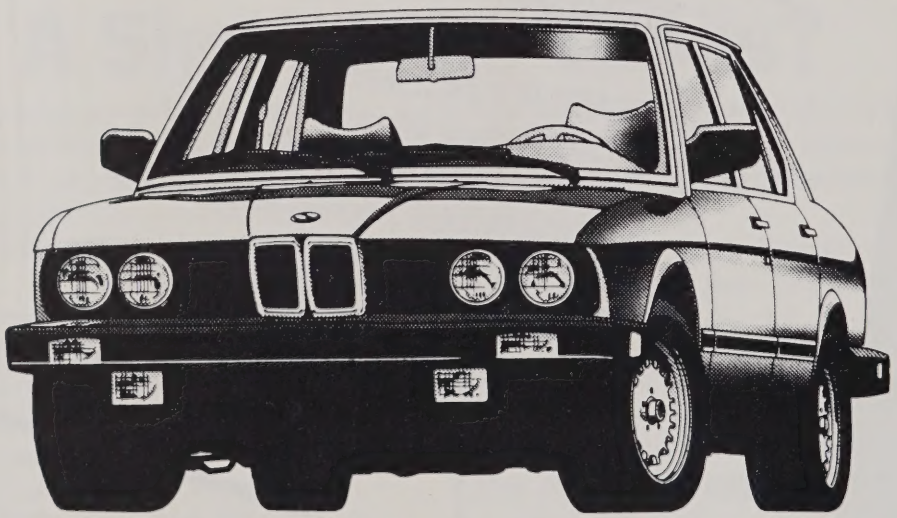
Now that the forces of automotive engineering and financial services have converged, it's easier than it's ever been to finance your Ultimate Driving Machine.

The cause of such good news is the BMW Credit Corporation—a joint financial venture between BMW of North America and the General Electric Credit Corporation.

And through it, we can offer to you "one-stop" financing, competitive rates and the backing of one of the largest diversified financial services corporations in the U.S.

So contact us for details. And announce your own historic merger: you and a BMW.

THE ULTIMATE DRIVING MACHINE.



BALISE

The Best Place to BUY a BMW is also the Best Place to LEASE a BMW !

603 East Columbus Ave., Downtown Springfield • Just Off Route 91 • (413) 785-1311